

NOV 03 2005

## FAX TRANSMITTAL COVER SHEET

TO: U. S. Patent and Trademark Office  
Attn: Mail Stop RCE Examiner Alvin Stewart

FAX NO.: (571) 273-8300

DATE: November 3, 2005

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CLIENT NO.: 1437-01100

TOTAL NUMBER OF PAGES (INCLUDING THIS ONE) 10

COMMENTS: Re: U.S. Patent Application Serial No. 10/648,526  
Applicant: Michael T. Wilson

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The following documents are attached for filing:  
Request for Continued Examination (RCE) Transmittal (1 p.), Petition for Extension of Time (1 p.);  
Fee Transmittal (1 p.), Preliminary Amendment filed with Request for Examination (RCE) (6 p.)

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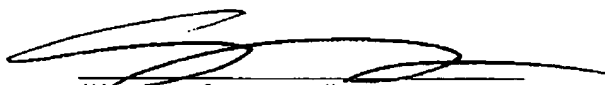
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162:115.01/1437.01100

NOV 03 2005

PTO/SB/17 (12-04V2)

Approved for use through 07/31/2008. OMB 0661-0032  
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Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/648,526
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	August 26, 2003
(\$)		First Named Inventor	Michael T. Wilson
905		Examiner Name	Alvin Stewart
		Art Unit	3738
		Attorney Docket No.	1437-01100

**METHOD OF PAYMENT** (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

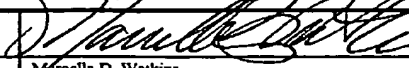
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Petition for Extension of Time</u>	\$510
<u>Request for Continued Examination (RCE)</u>	\$395

**SUBMITTED BY**

Signature: 	Registration No. 36,965 (Attorney/Agent)	Telephone (713) 238-8000
Name (Print/Type) Marcelle D. Watkins		Date November 3, 2005

162513.01/437.01100

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.